

# Flexible Spending Accounts

## Employee Online Enrollment Guide

**Iowa**  **Benefits**

Fall 2010

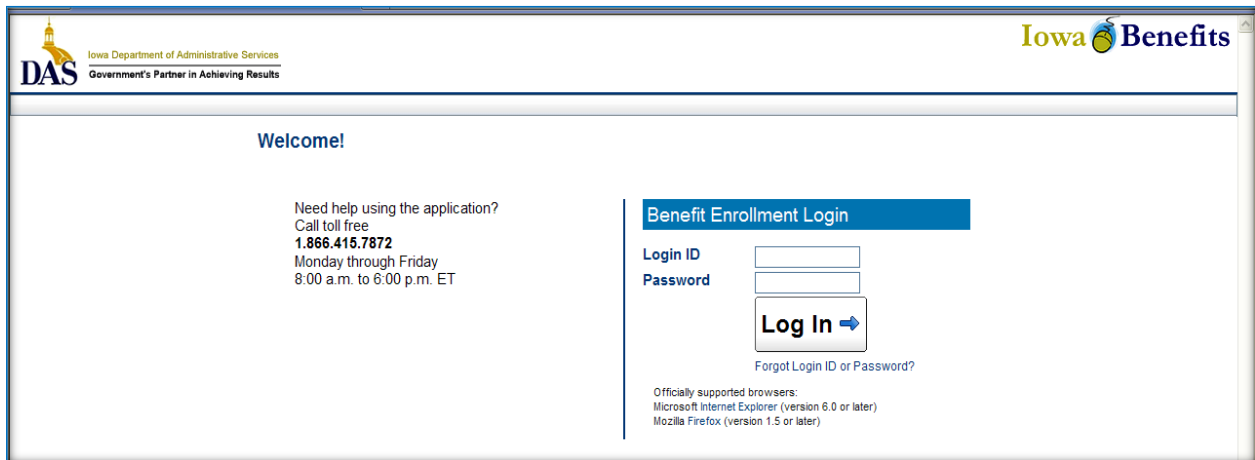
The State of Iowa offers two flexible spending account (FSA) plans to state employees:

**Health FSA** – to pay medical expenses not covered by insurance for you, your spouse, and your eligible dependents

**Dependent Care FSA** – to pay care expenses you incur so you may work, such as day care for your children or dependent adults.

To participate, you must enroll each year. To enroll, log onto [IowaBenefits](http://benefits.iowa.gov), found on the State's employee benefits website at <http://benefits.iowa.gov>. Contact your personnel assistant if you need your Login ID or if you have trouble using this system. If this is the first time you have accessed IowaBenefits, you may need to change your password and accept the terms and conditions of the website.

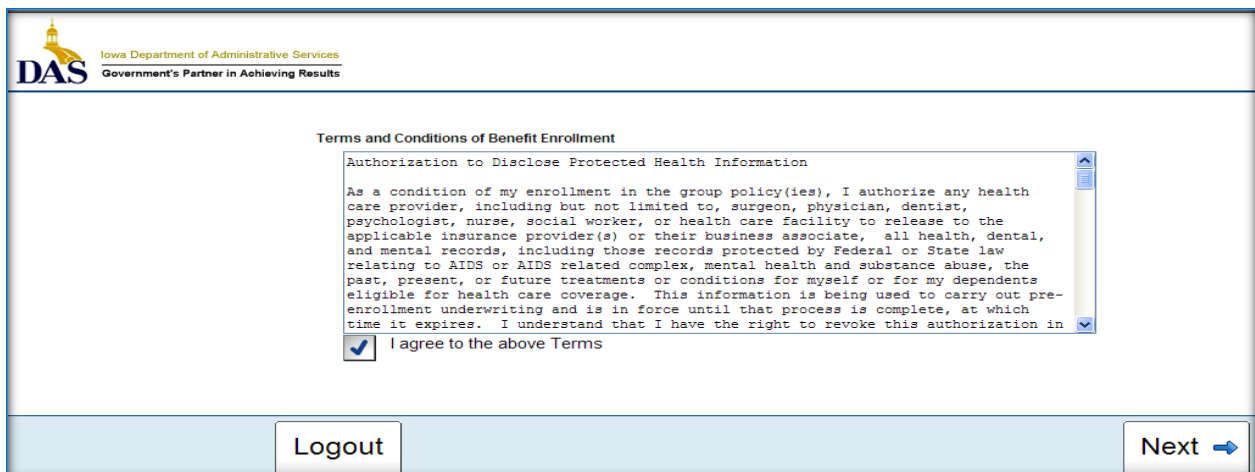
**1. Log onto IowaBenefits**



The screenshot shows the IowaBenefits login page. At the top left is the DAS logo with the text "Iowa Department of Administrative Services" and "Government's Partner in Achieving Results". At the top right is the "Iowa Benefits" logo. The main content area has a "Welcome!" message. On the left, there is contact information: "Need help using the application? Call toll free 1.866.415.7872 Monday through Friday 8:00 a.m. to 6:00 p.m. ET". On the right, there is a "Benefit Enrollment Login" section with input fields for "Login ID" and "Password", a "Log In" button with a right arrow, and a link "Forgot Login ID or Password?". Below the login section, it lists "Officially supported browsers: Microsoft Internet Explorer (version 6.0 or later) Mozilla Firefox (version 1.5 or later)".

**2. You may be required to accept the terms and conditions of benefit enrollment.**

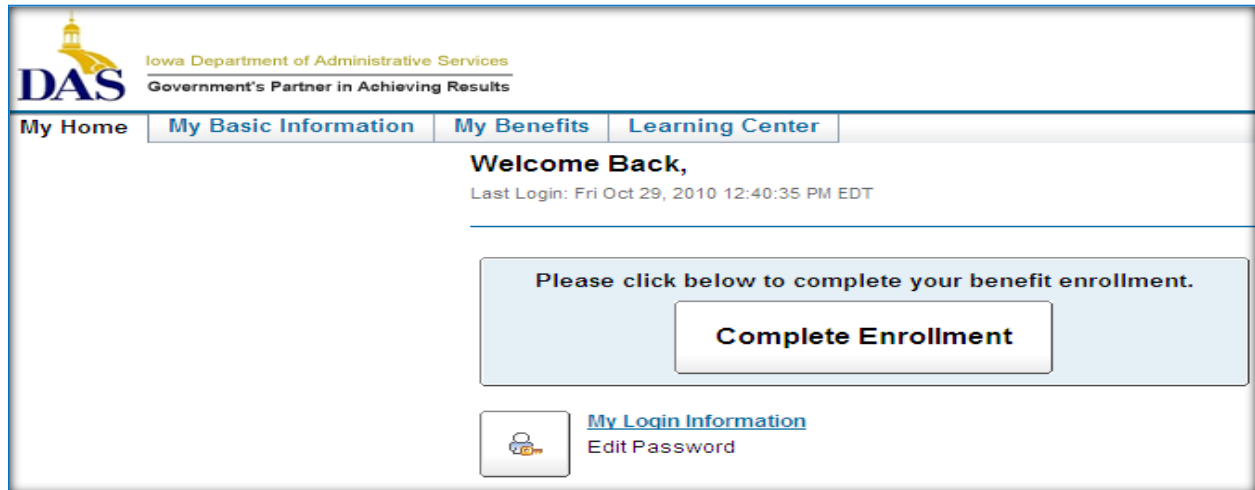
**Read the information, check the box labeled ☒ I agree to the above Terms and click **



The screenshot shows the "Terms and Conditions of Benefit Enrollment" page. At the top left is the DAS logo with the text "Iowa Department of Administrative Services" and "Government's Partner in Achieving Results". The main content area has a title "Terms and Conditions of Benefit Enrollment" and a text box containing the following text: "Authorization to Disclose Protected Health Information. As a condition of my enrollment in the group policy(ies), I authorize any health care provider, including but not limited to, surgeon, physician, dentist, psychologist, nurse, social worker, or health care facility to release to the applicable insurance provider(s) or their business associate, all health, dental, and mental records, including those records protected by Federal or State law relating to AIDS or AIDS related complex, mental health and substance abuse, the past, present, or future treatments or conditions for myself or for my dependents eligible for health care coverage. This information is being used to carry out pre-enrollment underwriting and is in force until that process is complete, at which time it expires. I understand that I have the right to revoke this authorization in". Below the text box is a checkbox labeled "I agree to the above Terms" which is checked. At the bottom left is a "Logout" button, and at the bottom right is a "Next" button with a right arrow.

3. Click

Complete Enrollment




Iowa Department of Administrative Services  
Government's Partner in Achieving Results

My Home | My Basic Information | My Benefits | Learning Center

**Welcome Back,**  
Last Login: Fri Oct 29, 2010 12:40:35 PM EDT

Please click below to complete your benefit enrollment.

**Complete Enrollment**

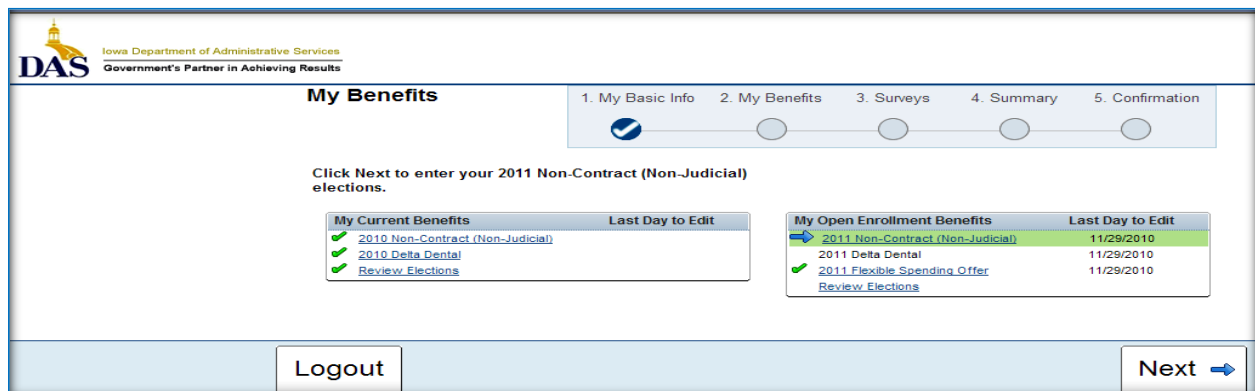
 [My Login Information](#)  
[Edit Password](#)

4. You must first enroll in, review, or make any changes to, your health and dental insurance benefits before you enroll in flex.

Select

Next ➔

on this screen



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**My Benefits**

1. My Basic Info 2. My Benefits 3. Surveys 4. Summary 5. Confirmation

Click Next to enter your 2011 Non-Contract (Non-Judicial) elections.

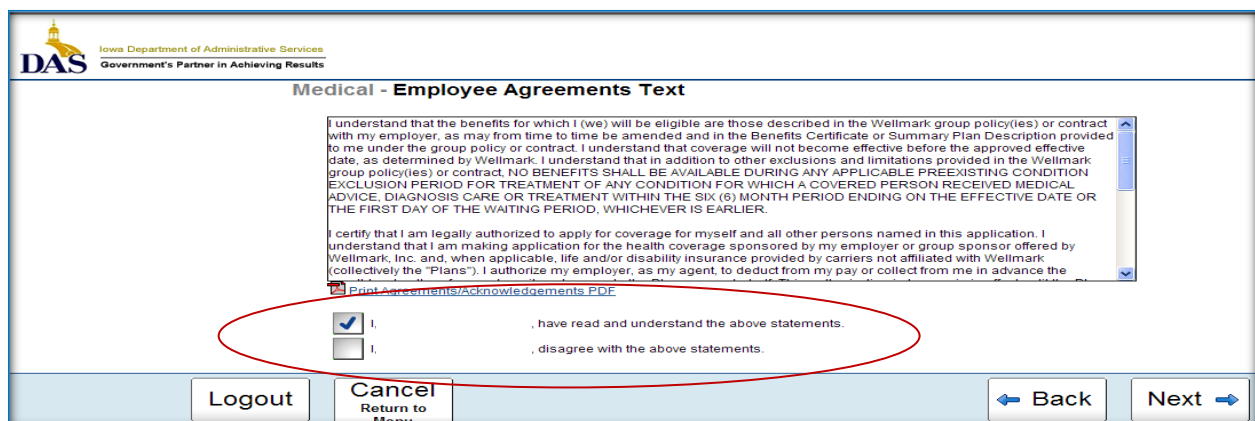
My Current Benefits	Last Day to Edit
2010 Non-Contract (Non-Judicial)	
2010 Delta Dental	
<a href="#">Review Elections</a>	

My Open Enrollment Benefits	Last Day to Edit
2011 Non-Contract (Non-Judicial)	11/29/2010
2011 Delta Dental	11/29/2010
2011 Flexible Spending Offer	11/29/2010
<a href="#">Review Elections</a>	

[Logout](#) [Next ➔](#)

5. Read the terms and conditions and check the appropriate box and select

Next ➔



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**Medical - Employee Agreements Text**

I understand that the benefits for which I (we) will be eligible are those described in the Wellmark group policy(ies) or contract with my employer, as may from time to time be amended and in the Benefits Certificate or Summary Plan Description provided to me under the group policy or contract. I understand that coverage will not become effective before the approved effective date, as determined by Wellmark. I understand that in addition to other exclusions and limitations provided in the Wellmark group policy(ies) or contract, NO BENEFITS SHALL BE AVAILABLE DURING ANY APPLICABLE PREEXISTING CONDITION EXCLUSION PERIOD FOR TREATMENT OF ANY CONDITION FOR WHICH A COVERED PERSON RECEIVED MEDICAL ADVICE, DIAGNOSIS CARE OR TREATMENT WITHIN THE SIX (6) MONTH PERIOD ENDING ON THE EFFECTIVE DATE OR THE FIRST DAY OF THE WAITING PERIOD, WHICHEVER IS EARLIER.

I certify that I am legally authorized to apply for coverage for myself and all other persons named in this application. I understand that I am making application for the health coverage sponsored by my employer or group sponsor offered by Wellmark, Inc. and, when applicable, life and/or disability insurance provided by carriers not affiliated with Wellmark (collectively the "Plans"). I authorize my employer, as my agent, to deduct from my pay or collect from me in advance the cost of the Plans.

[Print Agreements/Acknowledgements PDF](#)

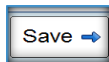
☒ I, [name], have read and understand the above statements.  
☐ I, [name], disagree with the above statements.

[Logout](#) [Cancel Return to Menu](#) [Back](#) [Next ➔](#)

6. If you have not enrolled in health insurance, you may enroll at this point. If you have enrolled, review your elections, make any needed changes, and check the box labeled



I have reviewed the information above.



Click on

[Save →](#)

<b>Medical</b>	Accepted <a href="#">Edit</a>						
Plan	2011 Blue Access <a href="#">Edit</a>						
Coverage Level	Employee and Family <a href="#">Edit</a>						
Your Cost:	Not Available						
Dependents	<table border="1"><thead><tr><th>Name</th><th>Relationship</th><th>Status</th></tr></thead><tbody><tr><td colspan="3"><a href="#">Edit</a></td></tr></tbody></table> <p>To edit a person's Name or SSN, click the person's name</p>	Name	Relationship	Status	<a href="#">Edit</a>		
Name	Relationship	Status					
<a href="#">Edit</a>							
Medicare	None <a href="#">Edit</a>						
Additional Insurance	None <a href="#">Edit</a>						
Effective Date	01/01/2011						
Employee Agreements	Yes, Effective on 10/29/2010 <a href="#">Edit</a>						

**2011 Blue Access:**  
If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30\* days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30\* days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Customer Service, Wellmark, Inc., P.O. Box 9232, Station 9, Des Moines, IA 50306-9232, or call 800-524-9242\*\*. \*You may have more than 30 days to notify your employer. Check with your HR Administrator. \*\*This address and number is for IA groups only. South Dakota groups should be: Wellmark Inc., 1601 West Madison, Sioux Falls, SD 57104, or call 800-831-4818.

☒ I have reviewed the information above.

[Logout](#)[Cancel  
Return to  
Menu](#)[Save →](#)

7. Select



on this screen

**Iowa Department of Administrative Services**

Government's Partner in Achieving Results

### My Benefits

1. My Basic Info

2. My Benefits

3. Surveys

4. Summary

5. Confirmation

☒

☐

☐

☐

☐

Click Next to enter your 2011 Delta Dental elections.

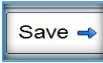
My Current Benefits	Last Day to Edit
<input checked="" type="checkbox"/> 2010 Non-Contract (Non-Judicial)	
<input checked="" type="checkbox"/> 2010 Delta Dental	
<input checked="" type="checkbox"/> Review Elections	

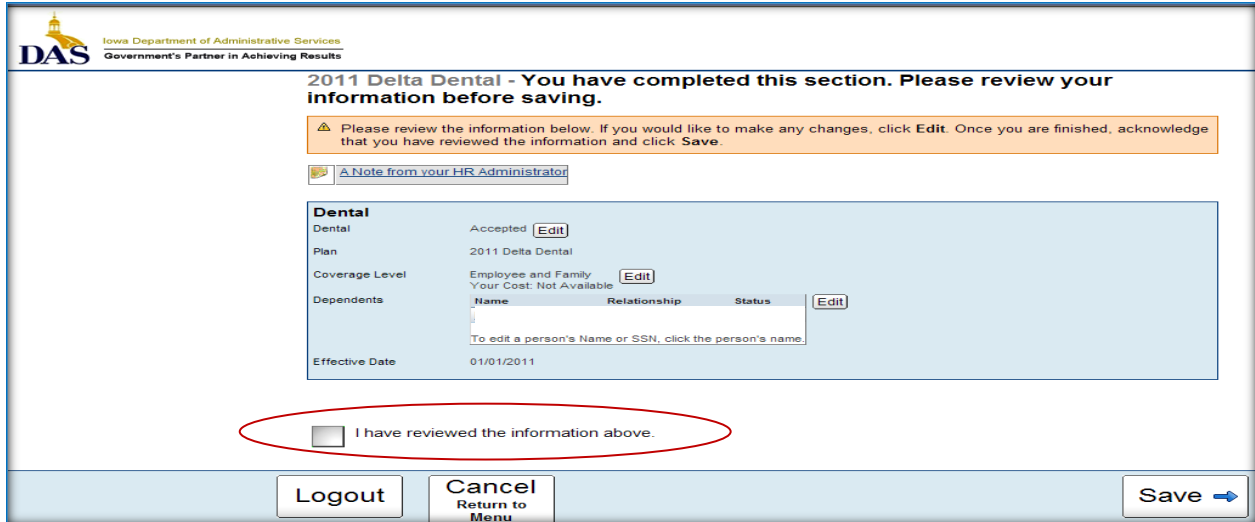
My Open Enrollment Benefits	Last Day to Edit
<input checked="" type="checkbox"/> 2011 Non-Contract (Non-Judicial)	11/29/2010
<input checked="" type="checkbox"/> 2011 Delta Dental	11/29/2010
<input checked="" type="checkbox"/> 2011 Flexible Spending Offer	11/29/2010
<a href="#">Review Elections</a>	


[Logout](#)[Next →](#)

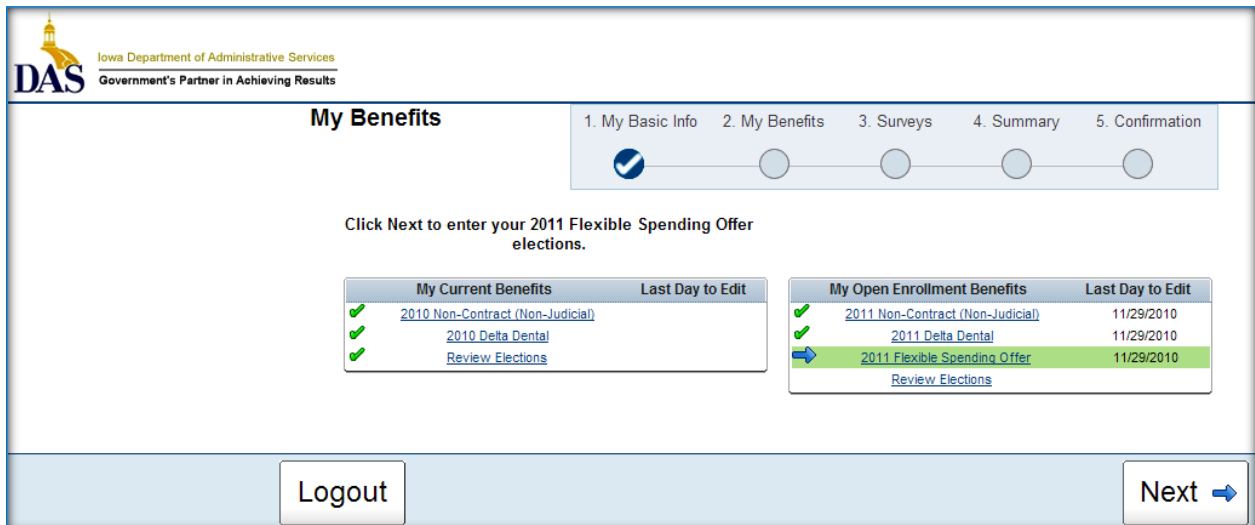
8. If you have not enrolled in dental insurance, you may enroll at this point. If you have enrolled, review your elections, make any needed changes, and check the box labeled

☒ I have reviewed the information above.

Click on 



9. Select  on this screen



10. After reading this screen, click

Start ➡

The screenshot shows the '2011 Flexible Spending Offer' page from the Iowa Department of Administrative Services (DAS). The page header includes the DAS logo and the text 'Iowa Department of Administrative Services' and 'Government's Partner in Achieving Results'. The main heading is '2011 Flexible Spending Offer'. Below this, the enrollment period is listed as 'Enroll: 10/18/2010 - 11/29/2010' and the coverage begins on '01/01/2011'. Two bullet points are listed: 'You will have the option to contribute to a **health** Flexible Spending account.' and 'You will have the option to contribute to a **dependent care** Flexible Spending account.' Below the bullet points, a message states: 'Click Start to begin. When you complete the section, you will be prompted to save.' At the bottom of the page, there are three buttons: 'Logout', 'Cancel Return to Menu', and 'Start ➡'.

11. a. Check the **2011 Health FSA** box if you want to enroll in Health FSA for you, your spouse, and your dependents' medical costs not covered by insurance and click

Next ➡

b. Check the box labeled "**I do not wish to participate**" if you only want to participate in the dependent care FSA and click

Next ➡

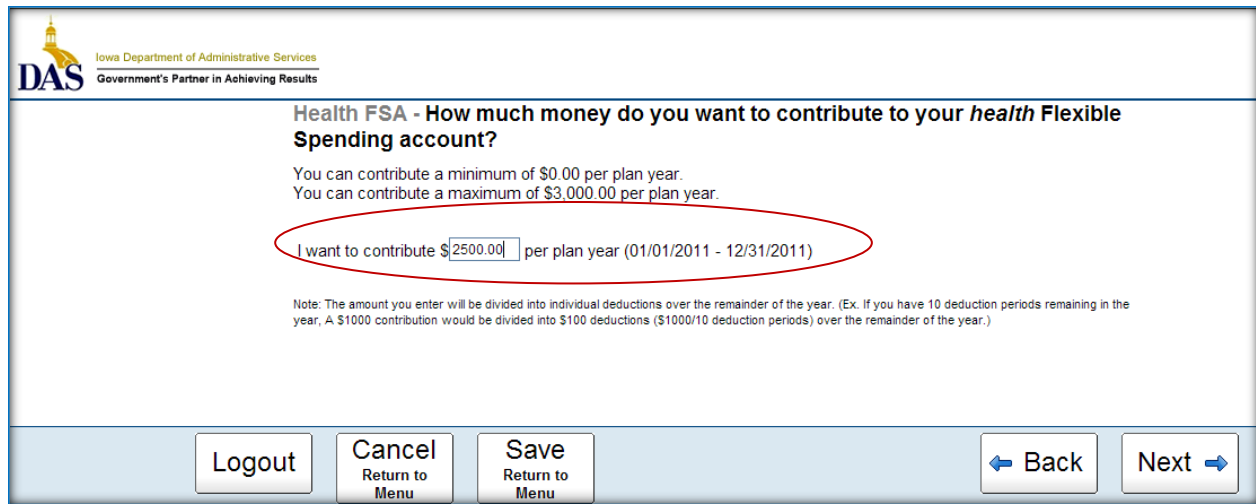
c. If you don't wish to participate in either FSA, select

Cancel  
Return to  
Menu

The screenshot shows the 'Health FSA - Choose to participate' screen. The header includes the DAS logo and the text 'Iowa Department of Administrative Services' and 'Government's Partner in Achieving Results'. The main heading is 'Health FSA - Choose to participate.' Below this, the text 'Offered By ASI' is displayed. There are two checkboxes: the first is checked and labeled '2011 Health FSA', and the second is unchecked and labeled 'I do not wish to participate.' At the bottom of the page, there are four buttons: 'Logout', 'Cancel Return to Menu', 'Back', and 'Next ➡'.

12. Enter the amount you wish to contribute *annually* and click

Next ➔



The screenshot shows the 'Health FSA - How much money do you want to contribute to your health Flexible Spending account?' screen. The header includes the DAS logo and the text 'Iowa Department of Administrative Services' and 'Government's Partner in Achieving Results'. The main content area contains the title, instructions on minimum and maximum contributions, a text input field with '\$2500.00' entered, and a note about how the contribution is divided into deductions. The bottom navigation bar contains buttons for 'Logout', 'Cancel Return to Menu', 'Save Return to Menu', 'Back', and 'Next'.

**Health FSA - How much money do you want to contribute to your *health* Flexible Spending account?**

You can contribute a minimum of \$0.00 per plan year.  
You can contribute a maximum of \$3,000.00 per plan year.

I want to contribute \$2500.00 per plan year (01/01/2011 - 12/31/2011)

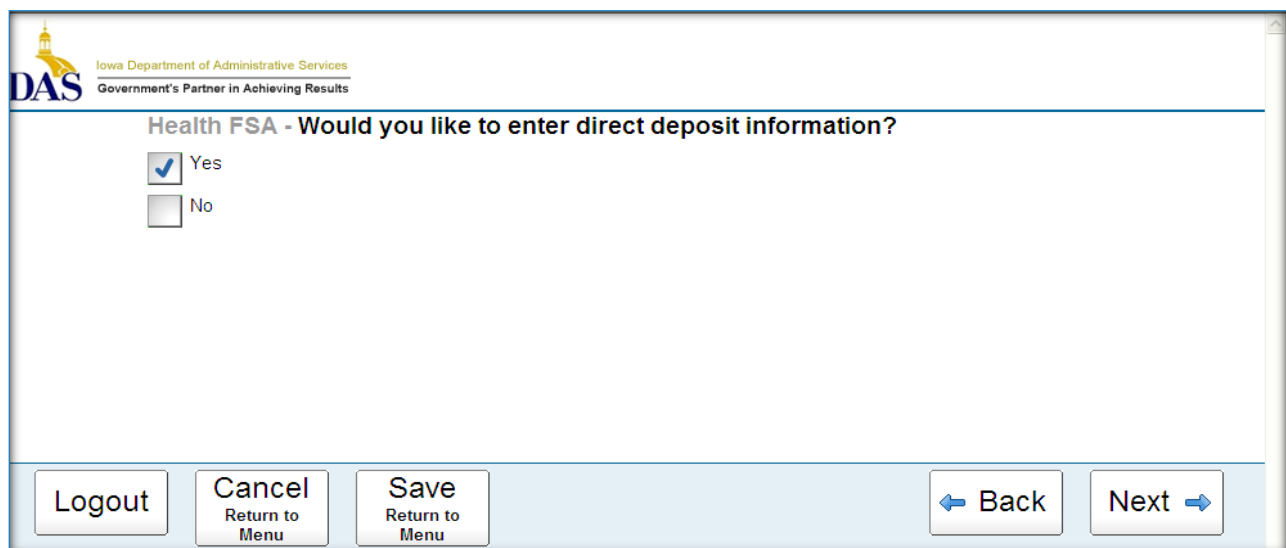
Note: The amount you enter will be divided into individual deductions over the remainder of the year. (Ex. If you have 10 deduction periods remaining in the year, A \$1000 contribution would be divided into \$100 deductions (\$1000/10 deduction periods) over the remainder of the year.)

Logout Cancel Return to Menu Save Return to Menu Back Next

13. Select whether you wish to have your funds directly deposited into your bank account.  
If not, a check will be mailed to your address of record.

Click

Next ➔



The screenshot shows the 'Health FSA - Would you like to enter direct deposit information?' screen. The header is the same as the previous screen. The main content area contains the title and two radio button options: 'Yes' (selected) and 'No'. The bottom navigation bar contains buttons for 'Logout', 'Cancel Return to Menu', 'Save Return to Menu', 'Back', and 'Next'.

**Health FSA - Would you like to enter direct deposit information?**

☒ Yes  
☐ No

Logout Cancel Return to Menu Save Return to Menu Back Next

14. For Direct Deposit, enter your bank information and click

Next ➡

The screenshot shows the 'Health FSA - Your Health FSA reimbursements will be direct deposited. Enter your bank information below.' screen. It includes input fields for Bank Name (ABC Bank), City (Anywhere), and State / Province (IA). There are also checkboxes for 'Not Applicable'. At the bottom, there are buttons for 'Logout', 'Cancel Return to Menu', 'Back', and 'Next'.

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**Health FSA - Your Health FSA reimbursements will be direct deposited.  
Enter your bank information below.**

Bank Name: ABC Bank  
City: Anywhere  
State / Province: IA or ☐ Not Applicable

Logout Cancel Return to Menu Back Next

15. Click on the type of account you wish to use and click

Next ➡

The screenshot shows the 'Health FSA - Select the type of account you are using for direct deposit.' screen. It has three radio button options: 'Checking' (selected), 'Savings', and 'Other'. A note at the bottom explains the 'pre-note' period. At the bottom, there are buttons for 'Logout', 'Cancel Return to Menu', 'Back', and 'Next'.

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**Health FSA - Select the type of account you are using for direct deposit.**

☒ Checking  
☐ Savings  
☐ Other

Note: Direct deposit requests may be subject to a "pre-note" period so that the account information can be verified with your bank. During the "pre-note" period, you will receive a paper check. Please consult with your Human Resources Administrator for details.

Logout Cancel Return to Menu Back Next

16. Enter your banking account and routing information and click

Next ➡

The screenshot shows the 'Health FSA - Enter your bank routing number and your account number for direct deposit.' screen. It has input fields for Routing Number (282828282) and Account Number (14241). An example of a check is shown with the routing number 012345678 and account number 016765432100. At the bottom, there are buttons for 'Logout', 'Cancel Return to Menu', 'Back', and 'Next'.

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**Health FSA - Enter your bank routing number and your account number for direct deposit.**

Routing Number: 282828282  
Account Number: 14241


Example: routing number 012345678 account number 016765432100  
Checking Account Example

Logout Cancel Return to Menu Back Next



17. **You may also enroll in dependent care FSA.** This account allows you to be reimbursed with pretax dollars for amounts you spend on day care or similar expenses for your children and dependent adults. The screen prompts are the same as for health FSA. If you do not wish to enroll in dependent care FSA, select the box labeled “I do not wish to participate” and click

Save  
Return to  
Menu

 Iowa Department of Administrative Services  
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**Dependent Care FSA - Choose to participate.**

Offered By ASI


☒ **2011 Dependent Care FSA (DCAP)**

☐ I do not wish to participate.

Logout Cancel Return to Menu Save Return to Menu Back Next

18. **Review your selections, make any needed edits, and select**

Save →

 Iowa Department of Administrative Services  
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**2011 Flexible Spending Offer - You have completed this section. Please review your information before saving.**

Save →

Health FSA	
Health FSA	Accepted <a href="#">Edit</a>
Plan	2011 Health FSA
Premium Deduction	The premium will be deducted on a pre-tax basis.
Health FSA Contribution Amount	\$688.00 Per Plan Year \$27.75 twice per month <a href="#">Edit</a>
Direct Deposit	ABC Bank, Anywhere, IA <a href="#">Edit</a> Routing #123598778 Account #01589
Effective Date	01/01/2011

Dependent Care FSA	
Dependent Care FSA	Accepted <a href="#">Edit</a>
Plan	2011 Dependent Care FSA (DCAP)
Premium Deduction	The premium will be deducted on a pre-tax basis.
DCAP Contribution Amount	\$688.00 Per Plan Year \$28.67 twice per month <a href="#">Edit</a>
Direct Deposit	ABC Bank, Anywhere, IA <a href="#">Edit</a> Routing #123598778 Account #01589
Effective Date	01/01/2011

Logout Cancel Return to Menu Save →